



## HMO ILLINOIS AND BLUE ADVANTAGE HMO BENEFIT PLAN SUMMARY FOR ARGONNE NATIONAL LABORATORY

**Medical care must be coordinated through your chosen Medical Group, with the exception of Eye Exams which are obtained through Davis Vision participating providers.**

Summary of Benefits	Member Cost
<b>Physician Services</b> Office Visits (Primary Care Physician and Referred Specialist Care) Well Care for Adults and Children <ul style="list-style-type: none"> <li>- Physical Checkups</li> <li>- Preschool/School Physicals (excluding Sports Physicals)</li> <li>- Immunizations</li> <li>- Hearing Screening</li> </ul> Minor Surgical Procedures	All physician visits subject to \$15 co-pay.
<b>Vision Care</b> Annual Eye Examinations (all ages) – Call David Vision at 877-393-8844 for participating provider listing or go to <a href="http://www.bcbsil.com">www.bcbsil.com</a> , click on my coverage tab, Blue Extra Discount Program. Every 24 months \$75 allowance plus discounts on eyewear at contracted providers.	Eye Exam \$15 co-pay.
<b>Hospital Care</b> Semiprivate Room (unlimited days) Intensive Care / Specialty Unit Physician Visit Operating and Recovery Room X-ray, Lab, Medications Skilled Nursing Facility Home Health Care	Provided in full. No employee cost.
<b>Surgery</b> Surgeon, Anesthesiologist, Consultations	Provided in full. No employee cost.
<b>Maternity</b> Prenatal, Delivery and Postnatal Care.	Provided in full. No employee cost.
<b>Mental Health and Substance Abuse</b> Outpatient	\$15 co-pay per visit.
Inpatient	Provided in full. No employee cost.
<b>Emergency</b> Services received in a Hospital Emergency Room. All follow-up care must be provided or coordinated by your PCP.	\$75 co-pay, waived if admitted to hospital.

# HMO ILLINOIS AND BLUE ADVANTAGE BENEFIT PLAN SUMMARY

Summary of Benefits	Member Cost
<b>Outpatient Rehabilitative Therapy</b> Includes: Speech, Physical and Occupational Therapy (60 treatments combined/calendar year.) 20 additional speech therapies for treatment of pervasive developmental disorder	\$15 co-pay per visit. \$15 co-pay per visit.
<b>Diagnostic Tests</b> Outpatient Diagnostic Tests and X-rays.	Provided in full. No employee cost.
<b>Other Covered Services</b> Ambulance Service Durable Medical Equipment Prosthetic Devices (leg, arm and neck braces) Diabetic Supplies	Provided in full. No employee cost.
<b>Prescription Drug Card</b> Generic – (34 day supply)* Formulary – (34 day supply)* Non-Formulary Brand – (34 day supply)* <u><b>When generic drug is available, participant must use generic or pay cost difference along with brand co-pay.</b></u> Self-administered injected drugs other than insulin and infertility drugs – (34 day supply) *includes insulin, insulin syringes, and infertility drugs.	\$10 co-pay. \$20 co-pay. \$35 co-pay. \$50 co-pay.
<b>Mail Order Prescription Drugs (Maintenance Drugs)</b> Generic – (90 day supply)* Formulary – (90 day supply)* Non-Formulary Brand – (90 day supply)* <u><b>When generic drug is available, participant must use generic or pay cost difference along with brand co-pay.</b></u> Self-administered injected drugs other than insulin and infertility drugs – (90 day supply) *includes insulin, insulin syringes, and infertility drugs.	\$20 co-pay. \$40 co-pay. \$70 co-pay. \$50 co-pay.
<b>Delta Dental PPO Dental Plan (for Argonne employees)</b> \$100 individual annual deductible, \$300 family; plan pays 75%, patient 25% for dental work. Diagnostic and preventive services paid at 100% of allowed amount each calendar year include 2 cleanings and exams, 2 bite-wing x-rays, one fluoride treatment. 1 complete full mouth x-ray allowed in 36 month interval. Calendar year maximum per person \$2000. \$2000 lifetime orthodontic benefit.	

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**Argonne National Laboratory  
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